## Labor Organization Office and Employee Report

## U.S. Department or Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in

Form approved - OMB No. 1215-0188

criminal prosecution, fines and civil penalties as p	provided by 29 U.S.C	<b>5. 439,44</b> 0.	Expires 11-30-2002
Name and address of person filing		2. Name and address of la	bor organization
Michael Swamp PO Box 365	SE OLMS	Iron Worker: 801 Varrick	Street
Hogansburg, NY 13655	S A E E	Utica, NY 1.	
3. Position in labor organization	4. Date fiscal year	ended	5. File number (if assigned)
Business Manager December		31, 2001	U-1375
Enter appropriate data below if, during the past fi terests (except as specified in the exclusions se	iscal year, you or yo t forth in the instruc	ur spouse or minor child di tions):	rectly or indirectly had any of the following in-
	(including loans) with	, or derived income or other	er economic benefit of monetary value from an
6. Name of Employer		Address of Employer	
7. Nature of Interest, Transaction or income			
from selling or leasing to, or otherwise dealing	with the business of a onsists of buying from	in employer whose employed or selling or leasing directly o	(1) a substantial part of which consists of buying as your labor organization represents or is actively or indirectly to, or otherwise dealing with your labor
8. Name of business	265 77	Address of business	-
Mohawk Plumbing PO Box	365 Hogans	sburg, NY 1365	b
9. Business deals with—		10. If 9B or 9C is checked give trust or employer's name	
	☐ C. Employer		
11. Nature and approximate dollar value of such dea	llings		
Misc office supplies p the year 2001, paid \$6		Mohawk Plumbi	ng, for
12. Nature of interest held or income received			
Owner of Mohawk Plumbi	ng and Bus	iness Manager	for Local 440
C. Received from any employer (other than an any payment of money or other thing of value	employer covered und	der parts A and B above) or	from any labor relations consultant to an employer
13. Name and address of employer	or consultant [	14. Nature of payment	
		5	
IF MORE	SPACE IS NEEDED	ATTACH ADDITIONAL S	HEETS
15. <b>Signature and verification</b> —The undersigned the attachments incorporated therein or referr correct and complete.	d declares, under the a red to in this report, ha	applicable penalties of the la as been examined by him ar	w, that all of the information in this report, including id is, to the best of his knowledge and belief, true,
Signed: Mechaul Lwans	at Hoggs	isburg N	on March 19-0:
	City		State Date

Date Form I M-30 (Rev. 1986)

State